



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section
Division of Health Systems Development

FROM: Debra Savage, Chairman
Illinois Health Facilities and Services Review Board

RE: Approval of Alteration to Permit 24-032

FACILITY: HSHS St. Elizabeth Medical Center – O’Fallon

This is to advise you that I have reviewed the above-captioned ALTERATION TO PERMIT within the requirements in Parts 77 ILL. Code 1130 and have determined the following:

 X The request complies with the requirements in Part 1130 and is approved.

 This request is to be reviewed by the Health Facilities Planning Board.

 This request is DENIED effective because it does **NOT** comply with the requirements specified in Part 1130.

 Other actions are as follows:



Debra Savage, Chairwoman
Illinois Health Facilities and Services
Review Board

June 29, 2026

Date



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section
Division of Health Systems Development

FROM: Debra Savage, Chairman
Illinois Health Facilities and Services Review Board

RE: Approval of Permit #23-005

FACILITY: Fresenius Kidney Care Aledo

This is to advise you that I have reviewed the above-captioned APPLICATION FOR PERMIT within the requirements in Parts 77 ILAC 1110 and 77 ILAC 1120 and have determined the following:

 X The request is in compliance with the requirements in Part 1110 and Part 1120 and the request is approved.

 This request is to be reviewed by the Health Facilities Planning Board.

 This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in Part 1110 and Part 1120.

 Other actions as follows:



Debra Savage, Chairwoman
Illinois Health Facilities and Services
Review Board

February 28, 2023

Date